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Total Number of Pages in This Submission

10

Application Number

10/655,948

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Art Unit

2185

Examiner Name

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Attorney Docket Number

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### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAW OFFICE OF GLENN R. SMITH		
Signature			
Printed name	Glenn R. Smith		
Date	03/03/2006	Reg. No.	38,308

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